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PATENT APPLICATION

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In Re the Application of:

LAOR, et al.

Serial No.: 10/781,042

Filed: February 18, 2004

Confirmation No.: 8371

Atty. File No.: 50080-00890

For: "PLANAR ARRAY OPTICAL SWITCH
AND METHOD"

) Group Art Unit: 2874

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) Examiner: Not Yet Assigned

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) FIRST PRELIMINARY AMENDMENT

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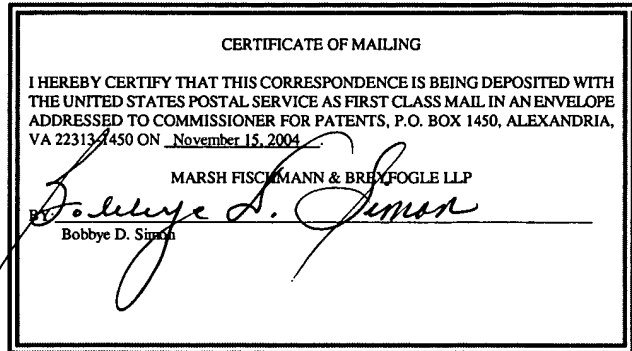
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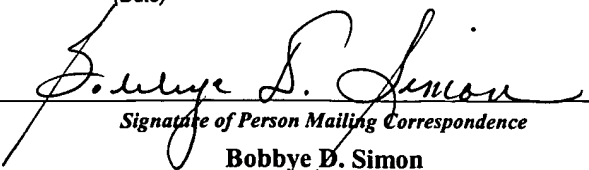


Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

Prior to the initial review of the above-identified patent application by the Examiner, please enter the following Preliminary Amendment. Although Applicants do not believe that any fees are due based upon the filing of this Preliminary Amendment, please charge any such fees to Deposit Account No. 50-1419.

Please amend the above-identified patent application as follows:

AMENDMENT TRANSMITTAL LETTER (Small Entity)				Docket No. 50080-00890	
Applicant(s): LAOR, et al.					
Application No. 10/781,042	Filing Date February 18, 2004	Examiner Not Yet Assigned	Customer No. 25231	Group Art Unit 2874	Confirmation No. 8371
Invention: PLANAR ARRAY OPTICAL SWITCH AND METHOD					
COMMISSIONER FOR PATENTS:					
Transmitted herewith is an amendment in the above-identified application.					
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27					
The fee has been calculated and is transmitted as shown below.					
CLAIMS AS AMENDED					
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	1 -	20 =	0 x	\$9.00	\$0.00
INDEP. CLAIMS	1 -	3 =	0 x	\$44.00	\$0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00
<input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 50-1419 <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input type="checkbox"/> Any patent application processing fees under 37 CFR 1.17. <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.					
 _____ Signature			Dated: November 15, 2004		
Kent A. Fischmann, Esq. Registration No. 35,511 MARSH FISCHMANN & BREYFOGLE LLP 3151 South Vaughn Way, Suite 411 Aurora, Colorado 80014 (720)562-5501			<div style="border: 1px solid black; padding: 5px;"> I certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on November 15, 2004 _____ (Date)  _____ Signature of Person Mailing Correspondence Bobbye D. Simon _____ Typed or Printed Name of Person Mailing Correspondence </div>		
CC:					